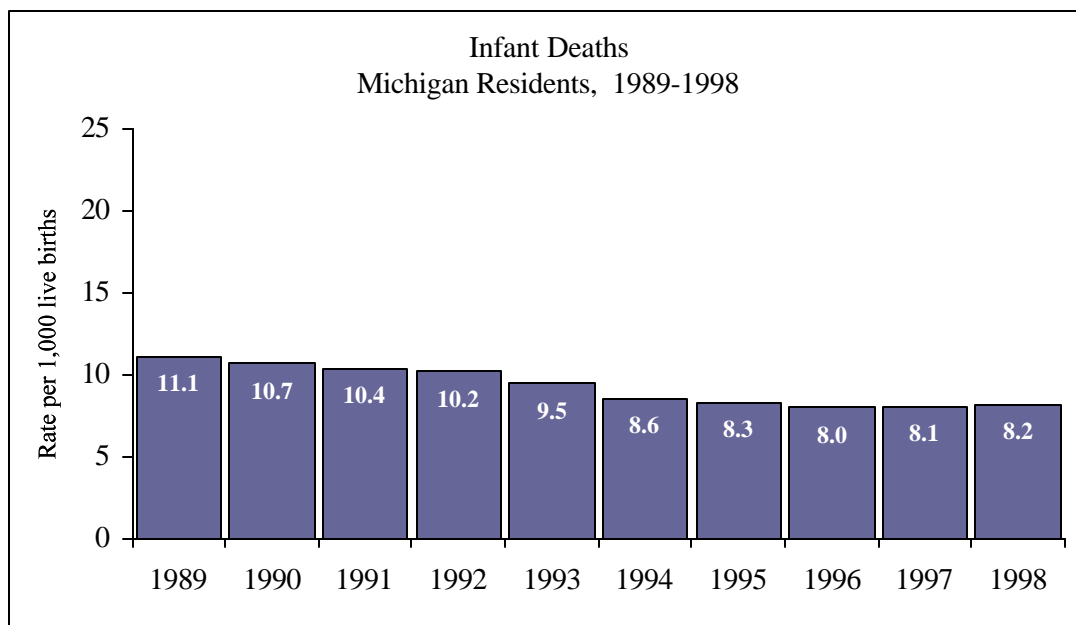


Focused Indicators

Morbidity and Mortality

Infant Mortality



Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Infant mortality measures the number of deaths to children under the age of one. Infants with low birthweight or pre-term delivery have a higher risk of infant death. Socioeconomic status, lifestyle behaviors, prenatal care, and medical care all have an impact on infant mortality.

In 1998, there were 1,091 infant deaths in Michigan, resulting in a death rate of 8.2 per 1,000 live births. During the past 10 years, the state's infant mortality rate declined 26 percent.

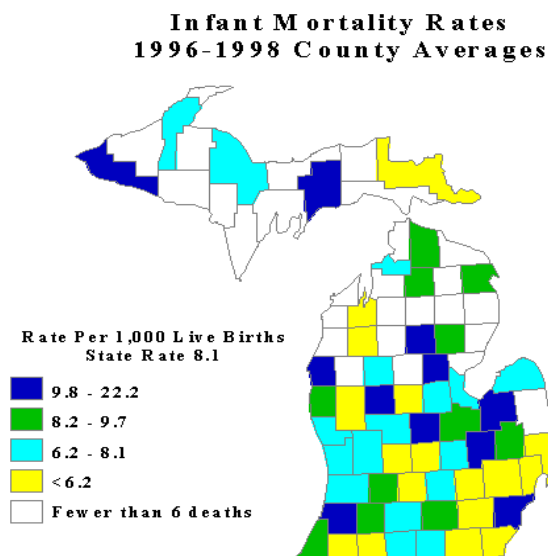
How does Michigan compare with the U.S.?

Michigan's infant mortality rate is generally above the national average. In 1997 Michigan's infant mortality rate of 8.1 was higher than the U.S. rate of 7.2.

How are different populations affected?

Infant mortality rates are higher for babies born to teen mothers. In 1998, children born to Michigan mothers under the age of 20 had an infant death rate of 13.0.

The African-American infant mortality rate is more than two and a half times that of the white infant mortality rate. In 1998, the Michigan infant mortality rate for African-Americans was 16.8 while for whites it was 6.3.



What other information is important to know?

Leading causes of infant death are congenital anomalies, disorders relating to prematurity and low birthweight, Sudden Infant Death Syndrome (SIDS), problems related to complications during pregnancy and childbirth, respiratory distress syndrome, infections, and injuries. Two-thirds of infant deaths occur within the first 28 days of life.

Children born to mothers who smoke or use tobacco during their pregnancy have higher than average infant mortality rates.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to decrease risk factors associated with infant deaths. Local Maternal and Infant Health Advocacy Services (MIHAS), through contracts with the department, provide outreach to pregnant women who are not in prenatal care or are at risk of discontinuing care. These programs also provide services to infants whose mothers were, or were eligible to be, program participants. Local Maternal and Infant Support Services (MSS/ISS), through contracts with the department, offer services to Medicaid-eligible pregnant women and infants. The mother and infant receive support services from a nurse, social worker, and nutritionist. The department also informs the public and providers about measures to reduce the risk of SIDS through the Sudden Infant Death Prevention program.

The department provides training for health professionals and other service providers, such as those working with pregnant women, to recognize and treat nicotine addiction. Prenatal smoking cessation training teaches providers a method that assesses a client's stage of readiness to quit and offers support and education according to the woman's status. The program includes educational and motivational tools to support cessation.

Fetal Infant Mortality and Child Death Review Teams throughout the state systematically examine deaths to determine the contributing factors. These factors are analyzed to determine if recommendations can be made to prevent future deaths. In addition, all newborns born in Michigan are tested for seven potentially fatal and/or debilitating diseases. Appropriate treatment can be rendered through testing and accurate diagnosis.

Last updated: February 2000.